

Montana Petroleum Tank Release Compensation Board
Designation of Representative
Form 5

Complete this form if you want to designate reimbursement from the Petroleum Tank Release Cleanup Fund to be received by another party other than yourself (i.e., contractor, insurance company, parent company, etc.). **This form is valid for the duration of the cleanup of this release unless you list a specific invoice(s) below.** If there are multiple invoices listed below, all the invoices must be submitted on one Application for Reimbursement.

Invoice # _____ for \$ _____ Invoice # _____ for \$ _____
(Please attach a separate sheet for additional invoices.)

If any portions of Sections 1 through 5 of this form are not completed, the form will be returned without processing.

(Type or Print)

1. **Owner or operator** is the party responsible for approved corrective action and/or third party damages as a result of a petroleum release. This may be the past or present owner or operator of the site.

Owner or Operator or Company Name

Mailing Address

City State Zip Code Telephone Number

2. **Designated representative** or company is the party to which the warrant will be issued.

Designated Representative or Company Name Tax I.D. Number

Mailing Address

City State Zip Code Telephone Number

Contact Person's Name Telephone Number

3. **Facility Information.**

Facility Name at Location Facility ID Number

Street Address Release #

City State Zip Code Claim # - if applicable

4. I assign the right to the party listed in **Section 2** to receive reimbursement. The reimbursement warrant will be issued directly to the party listed in section 2. I remain legally responsible for all costs and liabilities incurred as a result of the release.

Owner or Operator Signature

Date

Owner or Operator Name (Typed or Printed)

Title

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 ____.

Notary Public

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

5. As designated by the party listed above, I agree to accept the right to receive reimbursement from the Montana Petroleum Tank Release Cleanup Fund for corrective action costs or third party damages resulting from a petroleum release at the facility listed in **Section 3**.

Designated Representative Signature

Date

Designated Representative Name (Typed or Printed)

Title

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 ____.

Notary Public

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

This designation remains valid unless revoked in writing by either party.

Submit completed form to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902
HELENA, MT 59620-0902**